

Verification Checklist
Long Term Care – Medicaid Application
Nursing Home and Choices for Independence

Please call the local District Office or Servicelink to schedule an interview.

In order to serve you better, **please provide COPIES** of the following documents at the interview. If you experience any problems obtaining the documents, you will be given 10 additional days after the interview to provide any missing verifications.

Effective 2/8/06 the Federal and State Laws were reviewed to allow for a look back period of 60 months.

If you are married and have a spouse in the community, please talk to your Family Services Specialist as you have a right to a **Resource Assessment** that could protect some of your assets for your spouse in the community after you have been hospitalized and it is anticipated that you will require Long Term Care Assistance for 30 consecutive days or longer.

IMPORTANT: Please note that the resource limit for Medicaid is \$2,500. You will need to provide documentation with bank/financial statements verifying that your total resources are \$2,500 or less at the interview. You will be responsible for any bill at the nursing home until the date you can verify that your total resources fell below \$2,500.

☐ **Citizenship Status & Age** - Examples include one of the following: birth certificate, naturalization papers, US passport, baptismal certificate issued within 3 months of age, voter registration card, alien registration card, marriage license

☐ **Identity** (Not needed if applicant receives Medicare.)

☐ **Marital Status** – Examples included one of the following: marriage certificate, death certificate, divorce decree or legal separation papers

☐ **Social Security #** and/or Claim Number if different and Veterans Claim Number

☐ **Medical Insurance** – include all health insurance cards (front and back) & proof of premium

☐ **Authorized Representative, General Power of Attorney, or Guardianship**

☐ **Residence** – Address(s) of where you resided prior to entering the institution and with whom, along with dates. The list should identify type-subsidized housing, private rental, shared rental and or own property

☐ **Burial Contract (Irrevocable) and Burial Plot**

☐ **All gross monthly income showing deductions** - Examples include Social Security, Supplemental Security Income, Veterans payments, alimony, annuities (complete contract), disability payments, rental income, other pensions or retirement income. Copy of the award letter showing gross payment.

☐ **All resources/assets since February 8, 2006.** Examples include: checking account statement(s), savings account(s), stocks, IRA, 401K, bonds, mutual funds, CD, Christmas Club, trusts, etc. **Provide copies of checks & verification of deposits & withdrawals over \$500. (FOR ANY OPEN OR CLOSED ACCOUNTS)**

☐ **Current patient account** balance at nursing home.

☐ **Life Insurance** –policy and the face value and current cash value from the life insurance company

☐ **Long Term Care Insurance** policy – complete policy

☐ **Trust:** Proof of what assets were used to establish the trust and what assets are in the trust today. Along with a copy of the trust document.

☐ **Annuity Contract**

☐ **Real property** – home, land, joint with others include deed and tax bill – real property includes a life estate in another person's property.

☐ **Transfers** – if either the individual or their spouse has transferred, sold or given away property OR assets in the last 60 months, provide supporting documentation of the transfer, sale or gift(s).